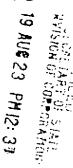
L18000292735

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration 5 Division of Co				
SUBJEC		NA MANAGEMENT LLC			
00001.0		Name of Lin	nited Liability Company		
The enclo	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all corresp	ondence concerning this matter	to the following:		
		George Maximos	•		
			Name of Person Management LLC Finn/Company Address City/State and Zip Code De used for future annual report notification) at (Society Area Code Daytime Telephone Number) Daytime Telephone Number \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
		St. Marina	Management 1	LC	
			Firm/Company	-	
Firm/Company 2983 stonybrook ct					
			Address		
		Tallahassee,Florida,32309			
		george82eg@yahoo.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report noti-	fication)	
For furthe	er information	concerning this matter, please co	all:		
george M	aximso		850 3682024		
	Name	of Person	Area Code Daytime	e Telephone Number	
Enclosed	is a check for t	the following amount:			
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	

MAILING ADDRESS:

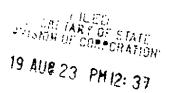
TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ST.MARINA MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/21/2018 and assigned Florida document number L18000292735

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_____, Florida _____ Zip Code If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> John Boutros	Address 2910 KERRY FOREST PKWY	Type of Action
AMBR		#D4-138	□ Add
			Remove
			☐ Change
			
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The 90	d specifies a delayed Ith day after the reco	ord is filed.			me, at 12:01 a.r	n, on the earlier o
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Page 3 of 3

Filing Fee: \$25.00